



**Texas Department of Health
Bureau of Emergency Management**

**WALLET CARD AND CERTIFICATE/LICENSE
REPLACEMENT APPLICATION**

To request a duplicate EMS wallet card and certificate or license,
submit completed form and payment to your local public
regional office or mail in the preprinted envelope to:

Texas Department of Health
P O Box 149200
Austin, TX 78714-9200

For TDH Use Only **2A284/160**

Receipt # _____

Date _____

Amount _____

All information given on this application is considered public record, with exception of social security number*.

Requesting duplicate for the following level(s):							<input type="checkbox"/> ECA	<input type="checkbox"/> EMT	<input type="checkbox"/> EMT-I	<input type="checkbox"/> EMT-P	<input type="checkbox"/> LIC-P
							<input type="checkbox"/> COORDINATOR	<input type="checkbox"/> INSTRUCTOR	<input type="checkbox"/> EXAMINER		
I am: <input type="checkbox"/> Enclosing \$5.00 per level							<input type="checkbox"/> EXEMPT from fee - Complete Volunteer Sign-Off below				
Social Security Number* or EMS Personnel ID#:					Birth Date (MM/DD/YY):						
<small>*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.</small>											
PRINT:		Last Name		First		Middle					
MAILING ADDRESS:		PO Box or Street		Apt #		City		County		State Zip	
Home Phone: ()						Work Phone: ()					
Are you associated with an EMS Provider or 1st Responder? <input type="checkbox"/> No or <input type="checkbox"/> Yes, if yes <input type="checkbox"/>						G Salaried - Employment Date: G Volunteer - Complete Volunteer Sign-Off section below					
SIGNATURE:						DATE:					

Volunteer Sign-Off Section - complete if applicable

This section to be completed by EMS administrator	
This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH licensed emergency medical services provider or a TDH registered first responder organization, and does not receive compensation** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation**, other than reimbursement as described below.	
I have explained to the candidate that if during the certification period, the candidate begins to receive compensation**, for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.	
Signature of Administrator	Printed signed name
<small>** Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.</small>	
FIRM/ORGANIZATION NAME:	
TDH FIRM/REGISTRATION NUMBER:	PHONE: